2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 20, 2007 8:00 am
Secretary of State

07-26-2007 90011 006 ****50.00

DOCUMENT # L06000084333

1. Entity Name

AN ELEGANT AFFAIR, LLC

30012440

Principal Place of Business	Mailing Address
1419 N. ORANGE AVENUE ORLANDO FL 32804	1419 N. ORANGE AVENUE ORLANDO FL 32804

2nd MOORE CR2E083 (4/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1419 N Orange	As/Above
Suite, Apt. #, etc. Orlando, FL 32804	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HILLIER, FRANCESCA E 1419 N. ORANGE AVENUE ORLANDO FL 32804	Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE N/A

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Francesca Hillier 1419 N. Orange Ave Orlando, FL 32804 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NONE ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NONE ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Francesca Hillier 7/20/07 407 644 0379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

7/26/2007-90011-006-$50.00-$50.00

Called 8/17/07

300/2440

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ORLANDO FL 32804

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